

How do new Lien and Estate Recovery Law requirements apply to me?

This law does not affect initial eligibility. To find out more about how the law applies, see the ***“Montana Lien & Estate Recovery Program”*** brochure (SLTC-011), available at most places this brochure is available.

What if I still have concerns or questions?

The Ombudsman Program helps residents and families with problems related to daily care, resident rights, Medicaid or other issues related to nursing home care.

STATE INFORMATION & ASSISTANCE
1-800-332-2272

For information about this program and other senior related issues contact the Information & Assistance program.

Or write: State Information & Assistance Program
Senior & Long-Term Care Div./DPHHS
PO Box 4210
Helena, MT 59604-4210
www.dphhs.mt.gov/SLTC

Alternative accessible formats of this brochure will be provided upon request

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***Can
Medicaid
help
ME
with my
nursing
home
bills?***

For residents in a nursing home or those anticipating placement, paying for care month after month is a worry because it can drain or deplete lifelong savings. The Medicaid Program helps pay for nursing home care for those who could not otherwise afford care. Medicaid currently assists about two thirds of all nursing home residents in Montana.

The following are some frequently asked questions about nursing home expenses and Medicaid eligibility. Medicaid regulations are complex and change frequently. Answers are designed to give a basic understanding of the requirements. For more information, contact your local Public Assistance Office.

- To be eligible for Medicaid in a nursing home, you must:
- meet all non-financial criteria (be 65 or older, blind or disabled; a U.S. citizen; and have a Social Security number)
 - be admitted under a doctor’s order
 - meet the medical criteria for needing nursing home care
 - meet the financial need requirements
 - get a pre-admission screening (see page 6)

Do I have to be impoverished to receive Medicaid?

No, but Medicaid is designed to assist people who have medical needs and limited financial means to pay them. Medicaid has specific limits on the maximum amount of income and resources you must meet. Residents over the resource limit are ineligible for Medicaid benefits until resources are within the allowable limits.

Income is any monthly benefits or monies you receive, including:

- Social Security, or other retirement pensions
- Veteran’s Administration benefits
- trust income
- monthly annuity payments

Resources consist of all real or personal property that you own, including:

- all bank accounts
- certificates of deposit
- stocks and bonds
- vehicles
- land
- buildings
- collectibles (stamps, art, etc.)

What resources can I keep?

The maximum amount of resources you can keep depends on your marital status and when you entered the nursing home.

Resource limit: 2007
Individual \$2,000

Couples .. The couple’s combined resources on the date of admission are assessed. The spouse at home can keep a minimum of \$20,328. If the couple has more than \$40,656, the spouse at home can keep half of the resources, up to a maximum of \$101,640. The couple can decide how to divide their resources.

Some resources are **exempt** and **do not** count toward the resource limit:

- a house (under certain circumstances)
- most personal effects and ordinary household goods
- one car (under certain circumstances)
- life insurance with total face value under \$1,500
- burial plots
- either a burial fund up to \$1,500 or an irrevocable burial contract

Will I have to sell my house?

You can keep your house if:

- you intend to return to your home within 6 months of when you left it and your equity in the home is \$500,000 or less; or
- a spouse or dependent child lives in it.

Will I get in trouble if I give away some of my resources?

You cannot give resources away for the sole purpose of making yourself Medicaid eligible. Medicaid looks at all resource transfers occurring up to **60 months** prior to the date you apply for Medicaid. Transferring or selling any resources for less than fair market value during this period may result in ineligibility.

Can I legally transfer any resources?

You can transfer your home at any time to:

- your spouse
- a child who is under 21, blind, or has been certified totally disabled
- under certain circumstances, to a sibling with an equity interest in the home or a caretaker son or daughter

For other transfers, contact your local Office of Public Assistance.

How much monthly income can a spouse get to live on in the community?

The spouse at home may be able to keep up to \$2,541 per month from the couple’s combined monthly income. However, the amount is dependent on home maintenance costs (e.g., property taxes, mortgage payments or utility bills). The remainder of the monthly income must be used to pay for the spouse’s care.

As a resident, do I get to keep any money?

Residents on Social Security are allowed to keep \$40 a month from their check as a personal needs allowance. If you DO NOT receive any Social Security, but get SSI, you will be able to keep \$30 for your personal care. You still have the right to decide where your retirement checks go: to you directly, to the nursing home or any other arrangement you’d like but you will be responsible for your portion of the nursing home bill.

What if there are other expenses?

Medicaid pays for practically all medical expenses (including daily care costs). Nursing homes must provide a list of the Medicaid covered services.

Are other family members responsible for paying for my care?

- A spouse is responsible for the bills of a partner prior to Medicaid eligibility.
- Children are not legally responsible for the cost of a parent’s care.

Where should I apply?

You can apply at your county Public Assistance Office. Residents can usually get information or help in applying from their nursing home.

When should I apply?

This depends on your financial situation. A married resident or spouse should request an assessment of their resources upon admission to a nursing home. This is advisable, since the resource limit for the spouse at home is based on their resources available at the time of admission. Getting the assessment as soon as possible allows you the maximum time for planning and decision making.

Do I have to do anything other than filling out an application?

Yes. All Medicaid applicants must:

- provide all information and documents required by the eligibility worker, and
- **contact the Mountain Pacific Quality Health Foundation immediately at 1-800-219-7035 or 1-406-443-0320 in the Helena area. The Screening Team will set the effective date for Medicaid payment (assuming all other eligibility criteria is met). Medicaid payment will not be available for care provided before the screening date.**

How soon will I know if I am eligible?

Medicaid must inform you of your eligibility within 45 days from the date of application.